

ELECTRONIC FUNDS TRANSFER DATA SHEET

PLEASE PRINT CLEARLY. THE INFORMATION PROVIDED WILL BE USED TO SET UP YOUR DIRECT DEPOSIT.

1. Social Security Number (SSN): _____ - _____ - _____.
2. Name: _____
LAST FIRST M.I.
3. Address: _____
APT #
CITY STATE ZIP
()
DAYTIME PHONE
4. Bank: _____.
5. Account Number: _____.
6. Account Type (circle one): **CHECKING** **SAVINGS**
7. Bank Routing Number (9 digits): _____.
8. BAH Status (circle one): **SINGLE** **MARRIED** **DEPENDENT CHILD**
- if you circled Dependent Child, Child Date of Birth: _____
9. FITW (Withholding) Marital Status (circle one): **SINGLE** **MARRIED**
10. FITW Number of Exemptions: _____.
11. State of Legal Residence: _____.
12. If you pay State Income Tax:
SITW (Withholding) Marital Status (circle one): **SINGLE** **MARRIED**
SITW Number of Exemptions: _____.

****The information provided herein is protected under the Privacy Act of 1974. Authority for requesting this information is contained in Title 10 United States Code, Chapter 11.****

Complete and Return this form to:

Commanding Officer
Naval Reserve Personnel Center
Code N52 M
4400 Dauphine Street
New Orleans, LA 70149-7800

FAX: 504-678-6935 or 504-678-1813

E-Mail: nrpc.irr@navy.mil ** Information sent via
E-mail is not secure and may be viewed by others.**
Our Website: <https://www.nrpcweb.nola.navy.mil>